



County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

April 18, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

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Fifth District

STATUS REPORT ON THE IMPLEMENTATION OF INTEGRATED SCHOOL HEALTH CENTER PROJECTS

On March 10, 2009, your Board approved a motion by Supervisors Ridley-Thomas and Molina directing the Chief Executive Officer (CEO), Director of Mental Health and Interim Director of Health Services to report back with a plan, including a timeline, for developing at least five potential Integrated School Health Center (ISHC) projects. The plan was intended, in part, to leverage several revenue opportunities, including Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds, in developing these pilot sites for the integration of behavioral health services with County-funded primary care services at school-based health center sites.

On August 19, 2009, the CEO provided your Board with an Interim Report describing efforts made by the County Work Group (Work Group), consisting of this Office and the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH), to develop a Plan for implementing the County's ISHC projects. The Interim Report also described the collaborative effort we were engaged in with the then L.A. Health Action affiliated group, now known as the School Health Center (SHC) Policy Roundtable, with the broader goal of developing a Los Angeles framework for improving school-based health. On July 6, 2011, the CEO submitted a final report to your Board consisting of a Plan for implementing the County's ISHC projects. The Report also described how this Office would continue to work with your Board Offices to select the County's ISHC project sites and implement the Plan.

This memorandum provides our report on progress to date.

"To Enrich Lives Through Effective And Caring Service"

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School Health Center (SHC) Policy Roundtable

In addition to the County-specific efforts referenced below, this Office and the affected County Departments continued to participate in the SHC Policy Roundtable, which was created to provide an interagency forum to address operational barriers and challenges at the systems level, as well as to create opportunities for policy development and shared advocacy to strengthen the operations and sustainability of school health centers. Involvement by County staff is guided by Board-approved policy regarding school health centers and the integrated school health center model in particular. To a large extent, the County's participation in this forum enables our stakeholder partners to learn how to more effectively navigate our systems in order to better serve their patients.

On December 8, 2011, key members of the SHC Policy Roundtable, participated in an Education and Health Policy Summit, which featured remarks by Supervisor Ridley-Thomas, Los Angeles Unified School District (LAUSD) Superintendent John Deasy, Los Angeles County Superintendent of Schools Arturo Delgado, and County DHS, DMH, DPH, and CEO representatives. The purpose of the Policy Summit was to engage leaders from the multi-jurisdictional agencies in a dialogue focused on system alignment opportunities and identification of priorities, desired outcomes and next steps to advance the creation, expansion and integration of a robust school health center system in Los Angeles County.

Among other things, as a result of this Policy Summit, LAUSD and representatives from this Office will continue the dialogue for developing a memorandum of understanding (MOU) to work towards a partnership between the school district and the County to identify and pursue the areas of system alignment which would jointly benefit our agencies. Once developed, the MOU will be presented to your Board for consideration.

MHSA PEI and Next Steps

Consistent with the MHSA PEI elements outlined in the Plan, DMH and this Office have worked with your offices to identify school sites for the allocation of \$2.5 million in MHSA PEI funds. These funds were identified as part of the MHSA community engagement process in support of school mental health services. In identifying the school sites, we also identified current providers to be funded using these funds. DMH worked with your staff to explore potential budget scenarios and programs customized to meet the unique needs of the community, target populations and honor existing relationships.

Based on a \$500,000 allocation of PEI funds per Supervisorial District (SD), and a significant corresponding drawdown of matching federal dollars, a number of robust program designs have been proposed. To expedite the implementation of these programs DMH consulted with County Counsel and, as a result, sent a memorandum to your Board dated March 15, 2012, indicating its intent to use its delegated authority to expedite the dissemination of these funds to a set of proposed Mental Health providers. The Department will also seek your Board's approval to contract with those providers that cannot be funded through its delegated authority process.

Following the dissemination of PEI funds, DMH will work with the providers to help finalize their program designs and budgets, select the Evidence-Based Practices and develop implementation timelines. Additional support will be provided as needed for such foundational activities as outreach or capacity building.

Once the MHSA PEI projects have been funded, the Work Group, in collaboration with your Offices, will select a subset of these PEI projects to begin discussions with the school districts, schools and health/mental health providers to determine interest in serving as the County's first cohort of ISHC pilots. Pilot selections will be based on a combination of factors including level of readiness to implement the County's *ISHC Model Standards* and how well they align with County investments and LAUSD-led efforts.

Work Group Accomplishments

Below is a summary of accomplishments achieved and next steps identified by the Work Group. They have been organized by their respective Implementation Plan Action Steps as outlined in the July 6, 2011 Status Report to your Board.

Implementation Plan Action Steps	Accomplishments/Next Steps
1. Convene a County Work Group that includes members of the SHC Policy Roundtable and other subject matter experts to guide the implementation of the County's ISHC initiative.	<p>1. Led by the DCEO for HMHS, the County Work Group was reconvened in October 2011 with the charge of guiding the implementation of the County's ISHC Plan.</p> <p>The Work Group consists of key staff from DHS, DMH and DPH. On occasion the Work Group has included the participation of County Counsel and LAUSD staff focused on developing a client consent form to facilitate the coordination of care among shared clients/families.</p>

<p>2. Collaborate with Board Offices to: (a) select the type(s) of SHC model to be implemented; (b) identify the target population(s); and (c) define the potential roles of ISHCs in the context of Health Care Reform.</p>	<p>2. CEO/DMH staff have worked closely with your Board Offices to identify a set of school sites and proposed set of mental health providers to be funded using MHSA PEI dollars.</p> <p>DMH explored potential budget and program scenarios that can be customized to meet the needs of the community, target populations and build on existing school/ provider relationships.</p>
<p>3. Identify potential ISHC projects based on the alignment of health and mental health providers, related funding and LAUSD-led efforts.</p>	<p>3. Once funding of the MHSA PEI projects have been approved by your Board, the Work Group in collaboration with your Offices will select a subset of projects to serve as the County's first cohort of ISHC pilots. Pilot selections will be based on a combination of factors including level of readiness to implement the County's <i>ISHC Model Standards</i> (see next section) and how well they align with County investments and LAUSD-led efforts.</p>
<p>4. Determine the capacity of selected ISHC projects to implement the suggested minimum requirements for the effective and efficient operations of ISHCs, as outlined in the <i>Model Standards</i>.</p>	<p>4. To fast track the pilot process the Work Group has developed an initial set of tools. These tools will help guide the selection, implementation, and evaluation of ISHCs.</p> <p>These include: (a) an Implementation Timeline; (b) a tool to help determine the level of readiness of selected schools/providers to implement the County's <i>ISHC Model Standards</i>; (c) a client consent form developed with County Counsel and LAUSD to facilitate the coordination of care for shared clients; and (d) a set of baseline/ performance measures.</p> <p>Based on the results of the <i>ISHC Model Standards</i> readiness tool and gap analysis, the Work Group will expand its activities to identify and coordinate County services and resources to address site-specific gaps and maximize positive outcomes for the children and families participating in the pilot.</p>

<p>5. Establish a set of performance measures for the County's ISHC initiative in collaboration with local partners and subject matter experts.</p>	<p>5. The Work Group developed a tool containing draft measures and indicators for establishing a baseline and evaluating the progress of the County's ISHCs initiative. The tool also outlines a set of potential activities and data collection methods for capturing data. Measures have been organized by several categories, including: Service Access, Care Coordination/Service Integration, Data Infrastructure, Funding/Resource Development, Client Wellness and Academic-based measures.</p> <p>The Work Group will continue to refine these measures, and to the extent possible, align them with similar measures developed by LAUSD and the Policy Roundtable as part of their respective Community Wellness Centers' evaluation process and SHC Health Home Partnership initiative.</p> <p>The collaborative process may result in a set of core measures that can be applied to the various initiatives; and allow the partners to explore the possibility of conducting a joint evaluation process.</p> <p>Once the final set of measures are identified the Work Group will "field test" them with the ISHC pilot sites/providers. The purpose is to determine the feasibility of collecting the desired data and obtain their input for developing a common data collection method for the ISHC pilots.</p>
<p>6. Designing a set of strategies to help clients navigate the County-community ISHC service system and ensuring the continuity of care across County, non-County and community providers.</p>	<p>6. As part of the pilot's implementation process additional tools, such as Memoranda of Agreement with school districts, will be developed. Through this process the Work Group will engage schools/providers in a discussion about roles and responsibilities, such as the role of ISHCs in the Health Care Reform efforts and the critical client-focused function of the Service Navigator.</p>

	<p>The primary role of the Service Navigator is to ensure that the continuity of services and supports for all ISHC clients is preserved. A key next step for the Work Group will be to identify potential funding stream(s) to initially support the creation of Service Navigators for each pilot site.</p> <p>Collectively the Work Group and all involved partners will develop a long-term funding strategy to sustain the Service Navigator role on an on-going basis.</p>
7. Ensure that County data-sharing efforts such as the Los Angeles Network for Enhanced Services - Health Information Exchange (HIE) are incorporated into the implementation of the Plan.	7. As care coordination and continuity is facilitated by the sharing of information the Work Group will ensure that HIE and other County information sharing efforts are folded into the pilot implementation process. Several community clinics that are currently operating as school health centers are expected to participate in the LANES HIE as part of the community clinic group identified by the Community Clinic Association of Los Angeles County, which has a representative on the LANES Board.
8. Developing a unique budget for each site, based on existing services/ resources and the results of site-specific gap analysis.	8. Once the pilot sites have been selected, their levels of readiness determined and gaps analysis completed, the Work Group and schools/ providers will develop their site-specific budgets. Budgets will reflect existing County and non-County resources and gaps that need to be addressed.
9. Aligning existing/emerging County and non-County resources and initiatives in support of County ISHC projects.	9. The Work Group will make efforts to identify, and whenever possible, ensure that services and supports are coordinated to sustain budgeted activities and maximize their impact on children and families participating in the pilot.

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The CEO and the Work Group will continue to collaborate with your Board Offices to support and monitor the implementation of the County's ISHC Plan and align County services and resources as needed. To the extent possible, the Work Group will continue to align its efforts with complementary activities pursued by key partners such as LAUSD and the SHC Policy Roundtable.

We shall continue to keep your Board informed of developments as they arise.

If you have any questions, please contact Sheila Shima at (213) 974-1160, or via e-mail at sshima@ceo.lacounty.gov.

WTF:SAS
CP:lb

c: Executive Office, Board of Supervisors
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